

Multicultural Health Disparities



California 1990-1999

Center for Health Statistics

Office of Health Information and Research

April 2003



April 23, 2003

Dear Colleague:

The California Health and Human Services Agency and the California Department of Health Services (CDHS) are pleased to release the report **"Multicultural Health Disparities: California 1990-1999."**

This report examines six focus areas identified in *Healthy People 2000* (and repeated in *Healthy People 2010*), in which persons of different racial and ethnic backgrounds experience serious disparities in health access and outcomes:

1. Infant Mortality
2. Cancer Screening and Management
3. Cardiovascular Disease
4. Diabetes
5. HIV Infection/AIDS
6. Immunizations

CDHS compiled data from several sources for the five major racial and ethnic groups (Black/African American, American Indian/Alaska Native, Asian/Pacific Islander, Hispanic/Latino, and White) in California between 1990 and 1999. CDHS analyzed the data to determine the significance of trends and differences between groups, using standard population-based public health research methods. Because the report covers a limited number of pre-defined focus areas, it provides only a snapshot of the health status of various racial and ethnic groups. We realize that a comprehensive view of our progress toward eliminating racial and ethnic health disparities requires a broader perspective.

Eliminating racial and ethnic disparities in health requires enhanced efforts in disease prevention, health promotion, and the delivery of appropriate care. We are pleased to report that California made significant progress during the 1990's, but there is still more work to be done. For example, significant decreases in infant mortality and significant declines in AIDS incidence rates were found across all racial and ethnic groups. However, diabetes deaths increased significantly for all groups. We are proud of the progress we have made and are committed to continued efforts to eliminate health disparities.

If you have questions regarding this report, please contact Greg Franklin, M.H.A., Deputy Director, CDHS Health Information and Strategic Planning, at (916) 440-7353 or by e-mail at gfrankli@dhs.ca.gov.

This report can be located on the CDHS Web site at:

<http://www.dhs.ca.gov/hisp/chs/OHIR/Publication/OtherReports/MHD051703.pdf>

Sincerely,

O/s

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O/s

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Multicultural Health Disparities California 1990–1999

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Introduction

Compelling evidence that differentials in access to health care, utilization of health care and medical services, and in health status are correlated with race and ethnicity led the U.S. Department of Health and Human Services (DHHS) to implement an Initiative to Eliminate Racial and Ethnic Disparities in Health in 1998.¹⁻⁶ Advances in medicine and increased emphasis on disease prevention and health promotion activities through the national Healthy People 2000 (HP 2000) initiative have combined to reduce disparities in many areas during the decade of the 1990s, but complex and often controversial socioeconomic, educational, environmental, and behavioral risk factors remain a challenge in assessing the effects of these initiatives on health outcomes.⁷⁻¹⁰

Developing, collecting, and analyzing data that can be used for monitoring the health status of the State's population are priorities for the California Department of Health Services (CDHS), Center for Health Statistics (CHS). In addition to ongoing research and analysis efforts targeting the achievement of Healthy People goals and objectives, the CHS Office of Health Information and Research, in collaboration with the CDHS Office of Multicultural Health, have focused additional efforts toward research on the health status of the State's diverse and ever-expanding multicultural population.¹¹⁻¹³

This summary examines mortality and morbidity indicators for five major racial and ethnic groups using data extracted from vital statistics, hospital discharge, and risk factor survey files for the period 1990 through 1999, and covers the six areas targeted in the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health: (1) cardiovascular disease; (2) diabetes; (3) cancer; (4) HIV/AIDS; (5) infant mortality; and (6) immunizations.

Methods

Mortality indicators were defined using the International Classification of Diseases, Ninth Revision (ICD-9) codes and were age-adjusted to the 1940 U.S. standard population, consistent with the methodology applied in HP 2000. Statistical tests were also performed on all indicators to summarize the significance of trends and the differences between the major sub-population groups tabulated by standard racial and ethnic classifications (see Midcourse Review Technical Notes section pp. 247-249 for a more detailed discussion).¹⁴

It is important to note that 1999 mortality data are excluded from this presentation, since these data were coded using the new ICD-10 revision and therefore are not directly comparable with previous years.¹⁵ It is also important to note that the HP 2000 targets used in this report were those specified for the general population, not those targeting selected racial and ethnic groups. This approach is consistent with methodological changes made for Healthy People 2010 that address the overarching goal to eliminate disparities in health status and health outcomes between defined racial and ethnic groups and the total population.⁹

Population

The population of California has grown by nearly 14 percent to over 33 million people, and has become more diverse in the decade since the 1990 U.S. Census.¹⁶ Racial and ethnic subpopulations have increased substantially in the 2000 Census with the addition of multiracial categories and changes in the definition and composition of “standard” race/ethnic categories used for statistical reporting purposes. Nearly 3 percent of the California population (n=903,115) chose two or more race groups in defining their identity for the 2000 Census. The state’s “Hispanic/Latino” population grew by 43 percent, from 7.7 million in 1990 to nearly 11 million in 2000, followed by the “Asian/Pacific Islander” population (up nearly 40 percent from 2.7 million to 3.8 million). The population composed of “Other” race groups expanded 28 percent from 56 thousand to nearly 72 thousand, and the “Black/African American” population increased by 4 percent from 2.1 million to 2.2 million. Declines were recorded for the “White” population (down 1.2 million, a decrease of 7 percent) and in the “American Indian/Alaska Native” population (down 5,081, a decrease of 3 percent).

Although the Census data in Table A show population counts separately by “Race Only” and by “Hispanic/Latino Ethnicity,” subsequent tabulations of mortality and morbidity data presented in this report show mutually exclusive racial and ethnic categories (i.e., Hispanic/Latino, regardless of race; White; Black/African American; Asian/Pacific Islander; and American Indian/Alaska Native). Tables 1–11 display these data ranked in descending order by rate or count for the latest year available.

For more information and data on multicultural health status, please visit:

<http://www.omhrc.gov/omhhome.htm>
<http://www.dhs.ca.gov/director/omh/index.htm>
<http://raceandhealth.hhs.gov/>
<http://www.dhs.ca.gov/hisp/chs/OHIR/ohirindex.htm>
<http://www1.od.nih.gov/ormh/main.html>
<http://www.health.gov/healthypeople/>

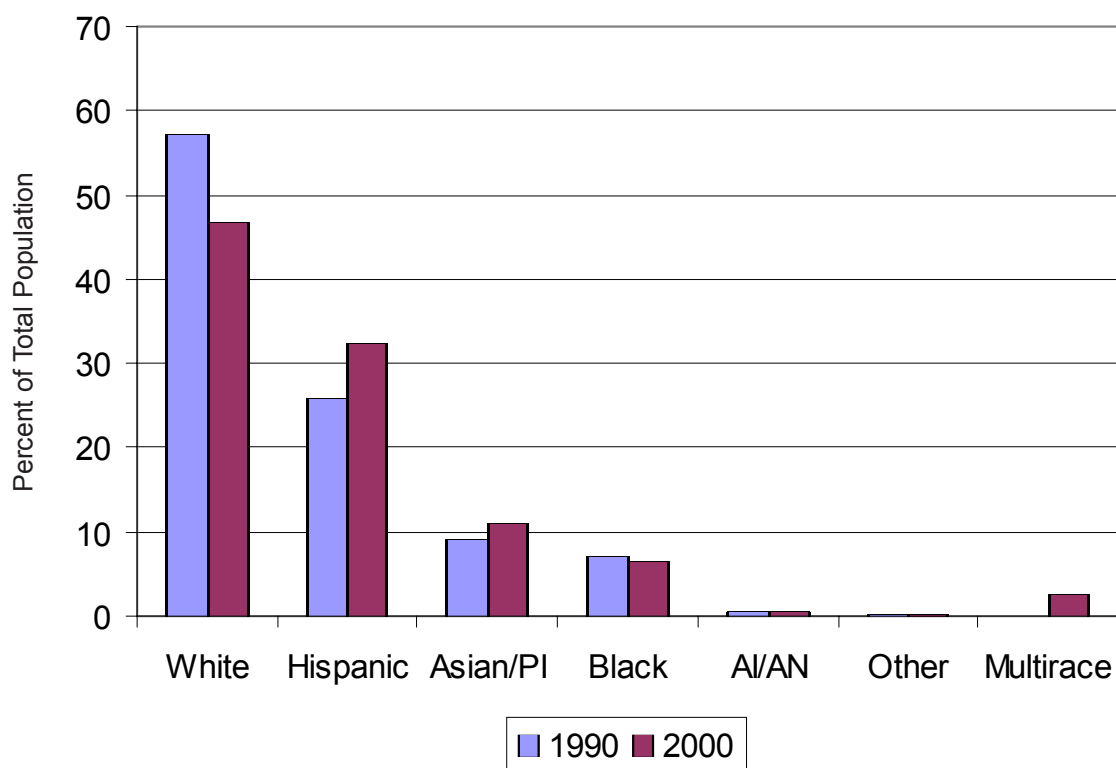
TABLE A
Difference Between Population by Race/Ethnicity
California, 1990 and 2000

RACE and ETHNICITY	1990 CENSUS		2000 CENSUS		DIFFERENCE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
RACE ONLY						
Total Population.....	29,760,021	100.0%	33,871,648	100.0%	4,111,627	13.8%
White	17,029,126	57.2%	15,816,790	46.7%	-1,212,336	-7.1%
Asian/Pacific Islander	2,710,353	9.1%	3,752,596	11.1%	1,042,243	38.5%
Black/African American	2,092,446	7.0%	2,181,926	6.4%	89,480	4.3%
American Indian/Alaska Native	184,065	0.6%	178,984	0.5%	-5,081	-2.8%
Other	56,093	0.2%	71,681	0.2%	15,588	27.8%
Two or More Race Groups	N/A	N/A	903,115	2.7%	903,115	N/A
HISPANIC/LATINO ETHNICITY						
Total Population.....	7,687,938	25.8%	10,966,556	32.4%	3,278,618	42.6%
NON-HISPANIC/LATINO						
Total Population.....	22,072,083	74.2%	22,905,092	67.6%	833,009	3.8%

Sources: U.S. Census Bureau, 1990 Summary Tape File (STF) 1; 2000 Summary File (SF) 1.

Note: Since individuals could report only one race classification in the 1990 Census and more than one in the 2000 Census, and because of other changes in the Census questionnaire, data for 1990 and 2000 are not directly comparable. The differences in population between 1990 and 2000 are thus due to these reporting artifacts in the Census as well as to real changes in the racial and ethnic composition of the population.

FIGURE A
Racial and Ethnic Proportions of California Population, 1990 and 2000



Sources: U.S. Census Bureau, 1990 Summary Tape File (STF) 1; 2000 Summary File (SF) 1.

For more population information, visit the California Department of Finance Demographic Research Unit Web site at:

<http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>

FIGURE 1
Coronary Heart Disease Death Rates by Race/Ethnicity
California, 1990–1998

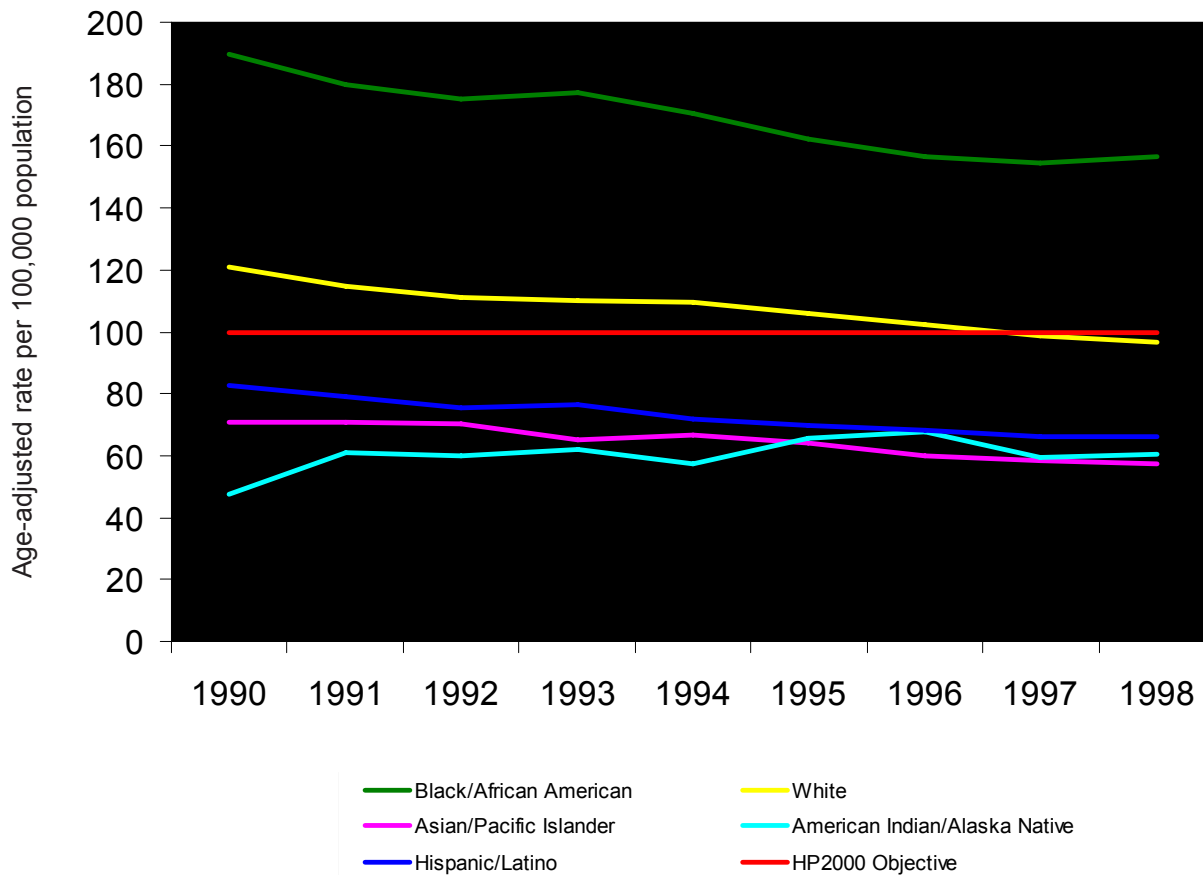


TABLE 1
Coronary Heart Disease Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	189.6	180.0	175.0	177.3	170.3	162.2	156.8	154.4	156.5
White	120.8	114.8	110.9	110.3	109.6	105.7	102.1	98.7	96.8
Hispanic/Latino	82.7	79.3	75.6	76.4	71.7	69.7	68.1	66.0	65.9
American Indian/Alaska Native	47.5	61.1	60.1	61.8	57.6	65.4	67.8	59.3	60.3
Asian/Pacific Islander	71.0	70.8	70.3	65.3	66.6	64.1	60.2	58.2	57.6

Sources: CA Department of Health Services, Center for Health Statistics, Death Records 1990–1998; CA Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 codes 402 (hypertensive heart disease), 410–414 (ischemic heart disease), 429.2 (unspecified cardiovascular disease).

Coronary Heart Disease (Figure 1, Table 1)

- Despite a significant decline between 1990 and 1998, age-adjusted death rates for coronary heart disease (CHD) among **Blacks/African Americans** were significantly higher than rates for all other race/ethnic groups. In 1998, the death rate among Blacks/African Americans was 1.6 times greater than the rate for Whites, and approximately 2.5 times greater than the rates for Hispanics/Latinos, Asians/Pacific Islanders, and American Indians/Alaska Natives. The HP 2000 objective for reductions in CHD deaths (100.0 per 100,000 population) was not achieved for Blacks/African Americans.
- Age-adjusted CHD death rates among **Whites** also significantly declined between 1990 and 1998, and were significantly higher than rates for all other race/ethnic groups except Blacks/African Americans. During 1998, the CHD rate among Whites was over 1.5 times the rate for Asian/Pacific Islanders, American Indians/Alaska Natives, and Hispanics/Latinos. The HP 2000 objective (100.0 per 100,000 population) was achieved for Whites.
- Significant declines in age-adjusted CHD death rates were also observed for **Hispanics/Latinos** from 82.7 per 100,000 population in 1990 to 65.9 per 100,000 in 1998. These rates were significantly lower than those for Blacks/African Americans and for Whites, and the HP 2000 objective (100.0 per 100,000 population) was achieved for Hispanics/Latinos.
- Death rates for **American Indians/Alaska Natives** increased significantly (from 47.5 per 100,000 in 1990 to 60.3 per 100,000 in 1998). The HP 2000 objective (100.0 per 100,000 population) was achieved for this race/ethnic group, although the increase reflects a trend in a negative direction.
- A significant decline in age-adjusted CHD death rates was found for **Asians/Pacific Islanders** (from 71.0 per 100,000 in 1990 to 57.6 per 100,000 in 1998), and the HP 2000 objective (100.0 per 100,000 population) was achieved.

For more information on heart disease, visit the CDHS California Heart Disease and Stroke Prevention Program Web site at:

<http://www.dhs.ca.gov/ps/cdic/cdcb/Chronic/CHDSP/index.htm>

FIGURE 2
Stroke Death Rates by Race/Ethnicity
California, 1990–1998

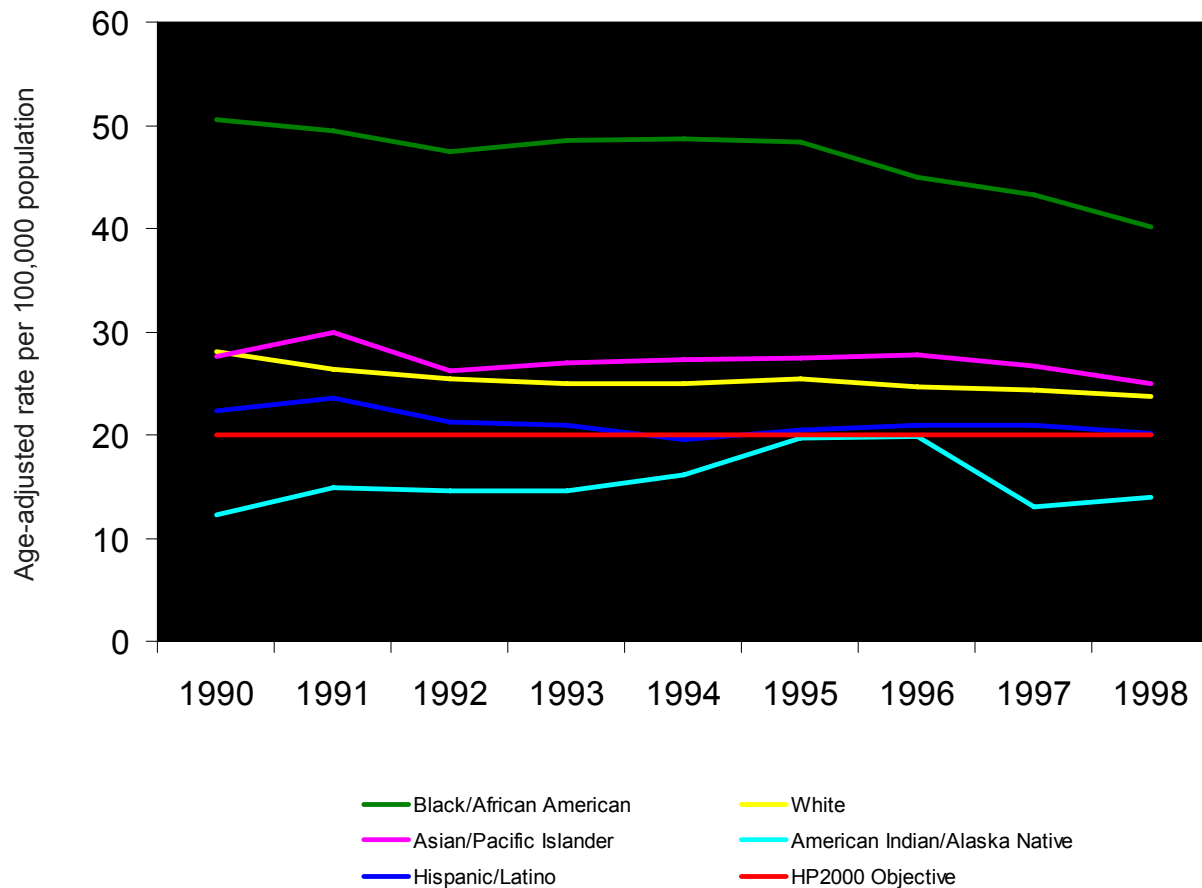


TABLE 2
Stroke Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	50.6	49.5	47.5	48.5	48.7	48.3	44.9	43.2	40.2
Asian/Pacific Islander	27.6	30.0	26.2	26.9	27.3	27.4	27.8	26.6	24.9
White	28.0	26.3	25.5	24.9	24.9	25.5	24.7	24.4	23.7
Hispanic/Latino	22.4	23.5	21.3	21.0	19.6	20.5	21.0	21.0	20.1
American Indian/Alaska Native	12.3	14.9	14.5	14.5	16.1	19.7	19.9	13.0	13.9

Sources: California Department of Health Services, Center for Health Statistics, Death Records 1990–1998; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 codes 430–438.

Stroke (Figure 2, Table 2)

- Age-adjusted death rates for stroke declined significantly for **Blacks/African Americans** between 1990 and 1998, but these rates were significantly higher than those for all other race/ethnic groups. Stroke death rates among Blacks/African Americans in 1998 were 1.6 times higher than for Asians/Pacific Islanders, nearly 1.7 times higher than the rate for Whites, twice as high as the rate for Hispanics/Latinos, and nearly three times greater than the rate for American Indians/Alaska Natives. The HP 2000 objective (20.0 per 100,000 population) was not achieved for Blacks/African Americans.
- Although there was no significant trend in stroke death rates among **American Indians/Alaska Natives**, they were significantly lower than rates for all other race/ethnic groups. This was the only race/ethnic group for which the HP 2000 objective for reductions in stroke deaths (20.0 per 100,000 population) was achieved.
- Age-adjusted stroke death rates declined significantly for **Whites** and for **Hispanics/Latinos** between 1990 and 1998. The 1998 rate for Hispanics/Latinos (20.1 per 100,000) was very close to the HP 2000 objective (20.0 per 100,000), but the rate for Whites (23.7 per 100,000) was 18.5 percent higher than this objective.
- No significant trend was observed for stroke death rates among **Asians/Pacific Islanders**, and the 1998 rate (24.9 per 100,000) was 24.5 percent higher than the HP 2000 objective (20.0 per 100,000).

For more information on stroke, visit the CDHS California Heart Disease and Stroke Prevention Program Web site at:

<http://www.dhs.ca.gov/ps/cdic/cdcb/Chronic/CHDSP/index.htm>

FIGURE 3
Diabetes Death Rates by Race/Ethnicity
California, 1990–1998

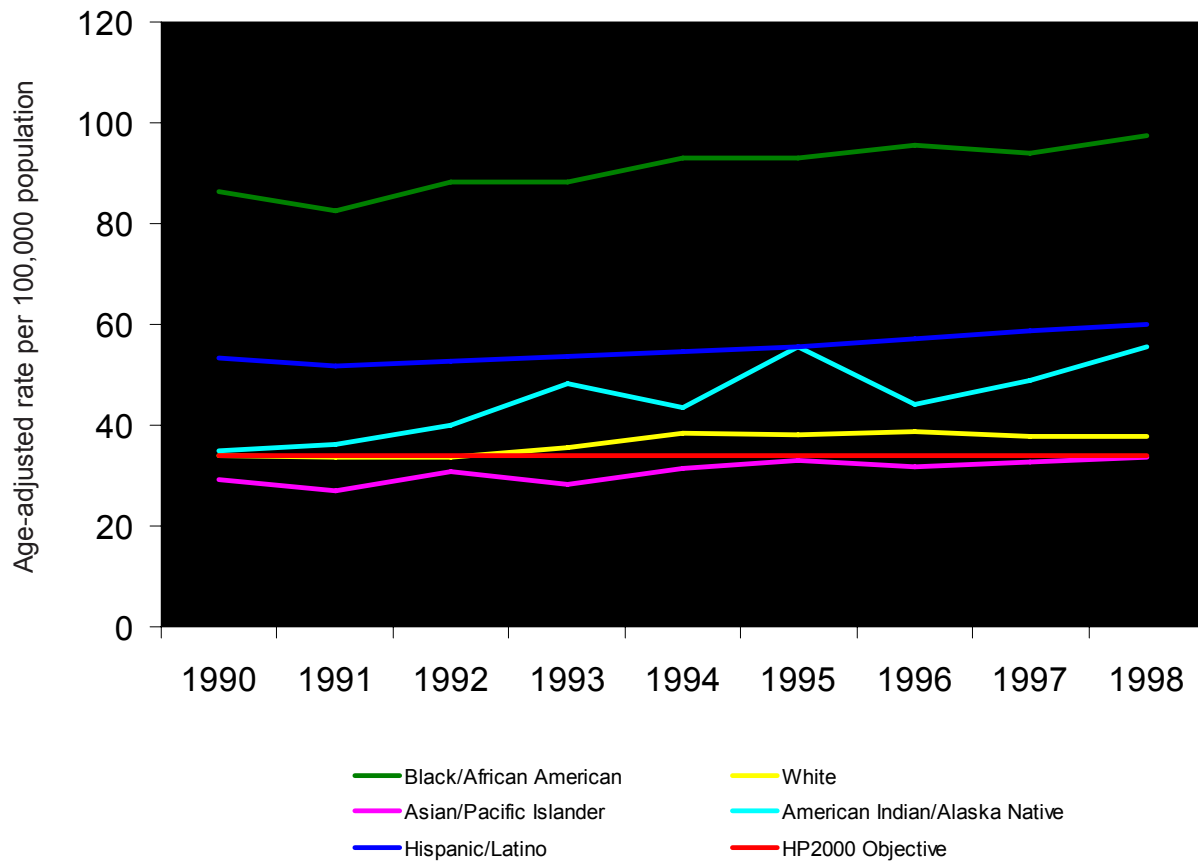


TABLE 3
Diabetes Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	86.3	82.6	88.2	88.1	92.9	93.1	95.4	94.0	97.6
Hispanic/Latino	53.3	51.6	52.7	53.6	54.6	55.6	57.1	58.6	59.9
American Indian/Alaska Native	34.9	36.1	39.9	48.3	43.4	55.7	44.1	48.9	55.6
White	34.1	33.8	33.7	35.4	38.3	38.1	38.8	37.8	37.9
Asian/Pacific Islander	29.3	27.1	30.8	28.2	31.4	32.9	31.9	32.7	33.8

Sources: California Department of Health Services, Center for Health Statistics, Death Records 1990–1998; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 code 250 (diabetes mellitus) and Special Medical Indicator codes 0, 2, 4, 8, 9 (diabetes-related deaths).

Diabetes Deaths (Figure 3, Table 3)

- Age-adjusted death rates for diabetes among **Blacks/African Americans** were significantly higher than those for all other race/ethnic groups, and have increased significantly between 1990 and 1998. During 1998, the rate for Blacks/African Americans was 1.6 times greater than the rate for Hispanics/ Latinos, 1.8 times greater than the rate for American Indians/ Alaska Natives, 2.6 times the rate for Whites, and nearly three times greater than the rate for Asians/Pacific Islanders. The HP 2000 objective targeting reductions in diabetes deaths (34.0 per 100,000 population) was not achieved, and the trend is moving away from the target for Blacks/African Americans.
- Diabetes death rates among **Hispanics/Latinos** significantly increased from 1990 to 1998, and were significantly greater than rates for all other race/ethnic groups except Blacks/African Americans. The HP 2000 objective for reductions in diabetes deaths (34.0 per 100,000 population) was not achieved, and the trend is moving away from the target.
- **American Indians/Alaska Natives** experienced a significantly increasing trend in diabetes death rates between 1990 and 1998, and the trend is moving away from the HP 2000 target. The 1998 rate was 1.5 times greater than the rates for Whites and for Asians/Pacific Islanders, but less than the rates for Blacks/African Americans and for Hispanics/Latinos. The HP 2000 objective (34.0 per 100,000) was not achieved for American Indians/Alaska Natives.
- Age-adjusted diabetes death rates significantly increased among **Whites** from 1990 to 1998, and was only 1.1 times greater than the rate for Asians/Pacific Islanders in 1998. The HP 2000 objective (34.0 per 100,000) was not achieved for Whites, and the trend is moving away from the target.
- Diabetes death rates among **Asians/Pacific Islanders** were significantly lower than those for all other race/ethnic groups, yet were also significantly increasing between 1990 and 1998. This was the only race/ethnic group for which the HP 2000 objective (34.0 per 100,000) was achieved, although the increase reflects a trend in a negative direction.

For more information on diabetes, visit the CDHS Diabetes Control Program Web site at:

<http://www.dhs.ca.gov/diabetes>

FIGURE 4
Diabetes Prevalence Estimates by Race/Ethnicity
California, 1990–1999

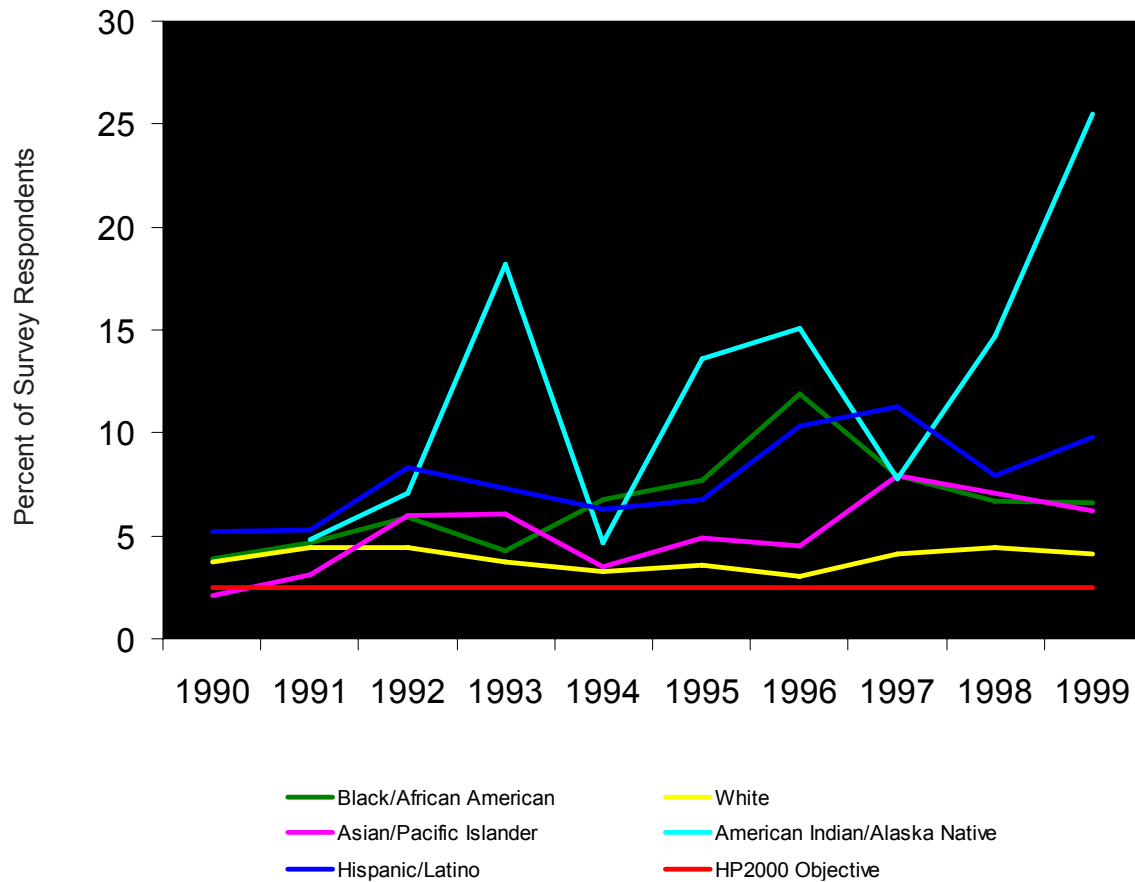


TABLE 4
Diabetes Prevalence Estimates by Race/Ethnicity
California, 1990-1999

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
American Indian/Alaska Native	*0.0	*4.8	*7.1	*18.2	*4.7	*13.6	*15.1	7.8	14.7	25.5
Hispanic/Latino	5.2	5.3	8.3	7.3	6.3	6.8	10.3	11.3	7.9	9.8
Black/African American	3.9	4.7	5.9	4.3	6.8	7.7	11.9	7.9	6.7	6.6
Asian/Pacific Islander	2.1	3.1	6.0	6.1	3.5	4.9	4.5	7.9	7.1	6.2
White	3.7	4.4	4.4	3.7	3.3	3.6	3.0	4.1	4.4	4.1

Sources: California Department of Health Services, Survey Research Group, CA Behavioral Risk Factor Survey, 1990–1999.

Notes: Estimates are per 100 persons who completed the survey interview, weighted and age-adjusted using the 1990 California population distribution. * Indicates rate is unreliable based on small number of events (<50).

Diabetes Prevalence (Figure 4, Table 4)

- Reliable diabetes prevalence estimates among **American Indians/Alaska Natives** increased significantly from 7.8 percent in 1997 to 25.5 percent in 1999. The 1999 estimate for American Indians/Alaska Natives was significantly higher than those for all other race/ethnic groups: 2.6 times the estimate for Hispanics/Latinos; nearly 4 times higher than for Blacks/African Americans and Asians/Pacific Islanders; and 6 times greater than the estimate for Whites. The HP 2000 objective of 2.5 percent was not achieved and the trend is moving away from the target.
- Among **Hispanics/Latinos**, diabetes prevalence significantly increased from 5.2 percent in 1990 to 9.8 percent in 1999. The 1999 estimate was 2.6 times lower than that for American Indians/Alaska Natives, but more than twice the estimate for Whites. The HP 2000 objective (2.5 percent) was not achieved, and the trend is moving away from the target.
- Among **Blacks/African Americans**, diabetes prevalence estimates significantly increased from 3.9 percent in 1990 to 6.6 percent in 1999. The 1999 estimate was 1.6 times higher than that for Whites, but nearly four times lower than the estimate for American Indians/Alaska Natives. The HP 2000 objective (2.5 percent) was not achieved, and the trend is moving away from the target.
- Diabetes prevalence among **Asians/Pacific Islanders** significantly increased from 2.1 percent in 1990 to 6.2 percent in 1999. This was 1.5 times greater than the estimate for Whites, but more than four times lower than the estimate for American Indians/Alaska Natives in 1999. The HP 2000 objective (2.5 percent) was not achieved, and the trend is moving away from the target.
- The diabetes prevalence trend for **Whites** increased slightly from 3.7 percent in 1990 to 4.1 percent in 1999, but these estimates were significantly lower than those for all other race/ethnic groups in 1999. The HP 2000 objective (2.5 percent) was not achieved, and there has been movement away from the target.

For more information on diabetes prevalence, visit the Survey Research Group Web site at:

<http://www.surveymethodsgroup.com/publications.asp>

and the CDC BRFSS Web site at:

<http://www.cdc.gov/nccdphp/brfss/>

FIGURE 5
Female Breast Cancer Death Rates by Race/Ethnicity
California, 1990–1998

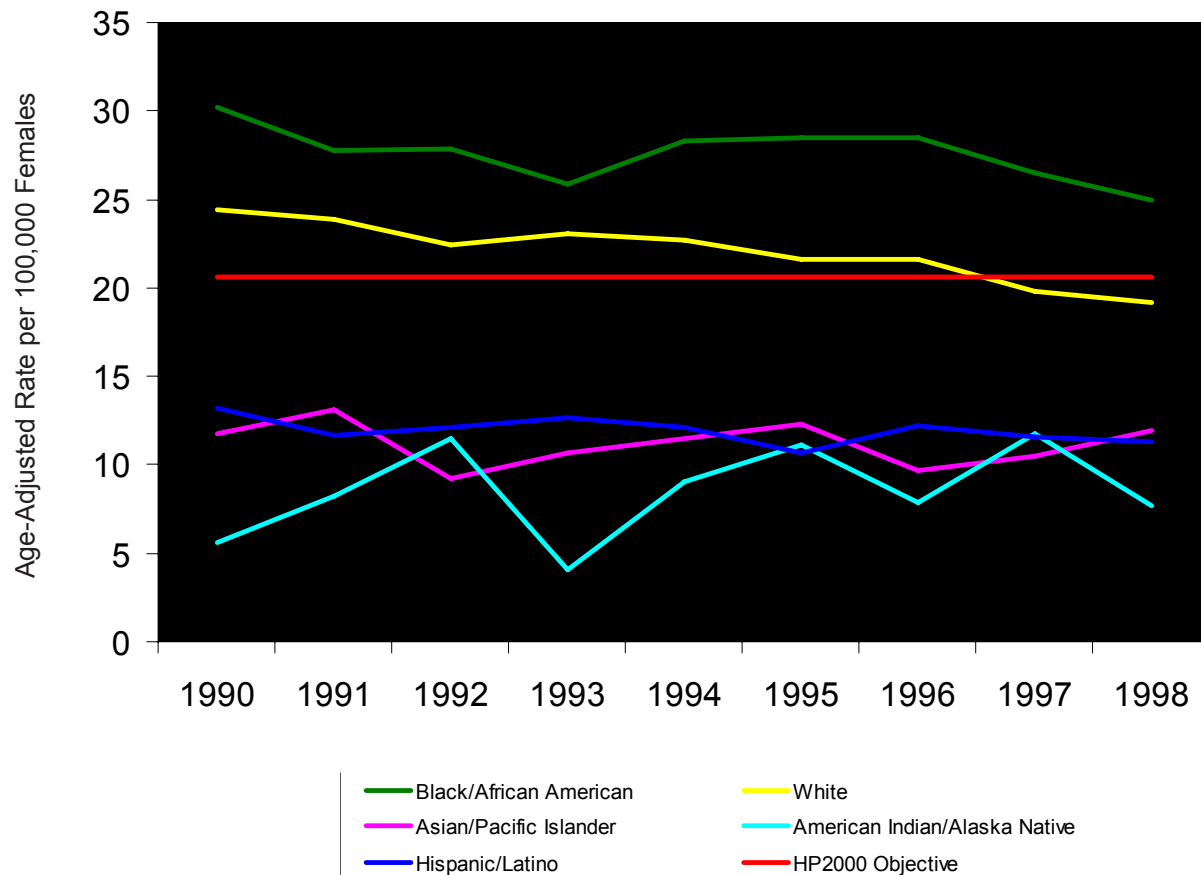


TABLE 5
Female Breast Cancer Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	30.2	27.8	27.9	25.9	28.3	28.5	28.5	26.5	25.4
White	24.4	23.9	22.4	23.1	22.7	21.6	21.6	19.8	19.3
Asian/Pacific Islander	11.8	13.1	9.2	10.7	11.5	12.3	9.7	10.5	11.9
Hispanic/Latino	13.2	11.7	12.1	12.7	12.1	10.7	12.2	11.6	11.3
American Indian/Alaska Native	* 5.6	* 8.2	* 11.5	* 4.1	* 9.0	* 11.1	* 7.9	* 11.8	* 7.7

Sources: California Department of Health Services, Center for Health Statistics, Death Records 1990–1998; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 code 174. * Indicates rate is unreliable due to small number of events (<20).

Female Breast Cancer (Figure 5, Table 5)

- Age-adjusted female breast cancer death rates among **Blacks/African Americans** declined overall from 30.2 per 100,000 females in 1990 to 25.4 in 1998, but this was not a statistically significant trend. The 1998 rate for Blacks/African Americans was significantly higher than those for all other race/ethnic groups; it was 1.3 times higher than the rate for Whites, and twice the rate for Hispanics/ Latinos and for Asians/Pacific Islanders. The HP 2000 objective (20.6 per 100,000 females) was not achieved.
- The breast cancer death rate for **White** females significantly declined from 24.4 per 100,000 in 1990 to 19.3 per 100,000 in 1998. The 1998 rate for Whites was more than 1.5 times greater than the rates for Hispanics/ Latinos and Asians/Pacific Islanders. The HP 2000 objective (20.6 per 100,000 females) was achieved.
- For **Asian/Pacific Islander** females there was no significant trend in breast cancer death rates between 1990 and 1998, and these rates remained well below the HP 2000 objective (20.6 per 100,000 females).
- Breast cancer death rates among **Hispanic/Latino** females declined overall from 13.2 per 100,000 in 1990 to 11.3 per 100,000 in 1998, but this was not a statistically significant decline. These rates remain well below the HP 2000 objective (20.6 per 100,000 females).
- The breast cancer death rates among **American Indian/Alaska Native** females were unreliable due to the small number of deaths occurring each year (fewer than 20), and conclusions cannot be drawn from these data.

For more information on breast cancer, visit the CDHS Cancer Detection Section Web site at:

<http://www.dhs.ca.gov/ps/cdic/ccb/cds/index.htm>

and the California Cancer Registry Web site at:

<http://www.ccrca.org/>

FIGURE 6
Prostate Cancer Death Rates by Race/Ethnicity
California, 1990–1998

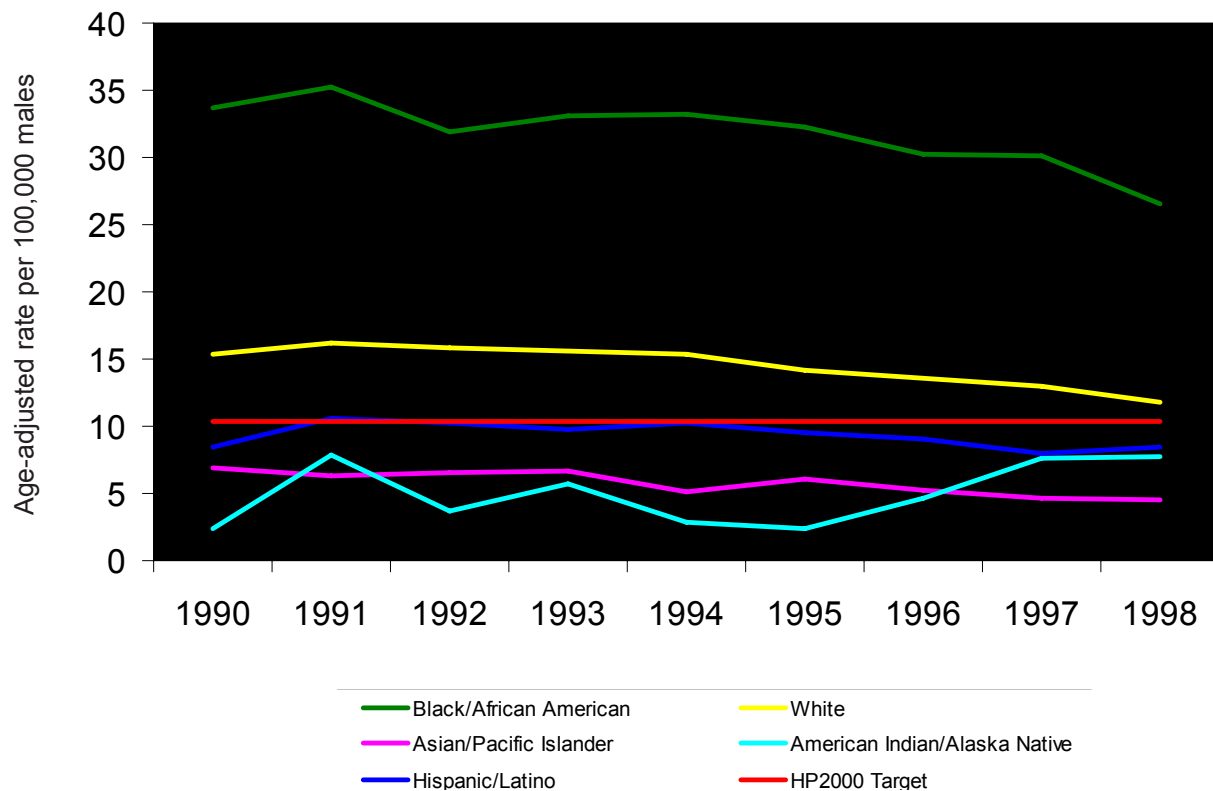


TABLE 6
Prostate Cancer Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	33.7	35.2	31.9	33.1	33.2	32.3	30.2	30.1	26.6
White	15.4	16.2	15.8	15.6	15.3	14.2	13.6	13.0	11.8
Hispanic/Latino	8.5	10.6	10.2	9.8	10.2	9.5	9.1	8.0	8.5
Asian/Pacific Islander	6.9	6.3	6.5	6.7	5.1	6.1	5.2	4.6	4.5
American Indian/Alaska Native	* 2.4	* 7.9	* 3.7	* 5.7	* 2.9	* 2.4	* 4.6	* 7.6	* 7.7

Sources: California Department of Health Services, Center for Health Statistics, Death Records 1990–1998; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 code 185; although there was no objective established in HP 2000, the target-setting method used for HP 2010 was employed—this was a 10 percent reduction of the 1990 rate of 11.4 per 100,000 males to a rate of 10.3. *Indicates rate is unreliable due to small number of events (<20).

Prostate Cancer (Figure 6, Table 6)

- Prostate cancer death rates among **Black/African American** males have significantly declined from 33.7 per 100,000 in 1990 to 26.6 per 100,000 in 1998, but remain significantly higher than those for all other race/ethnic groups. The 1998 death rate for Black/African American males was more than twice the rate for Whites, three times higher than the rate for Hispanics/Latinos, and more than six times the rate for Asians/Pacific Islanders. The targeted reduction to a rate of 10.3 per 100,000 males was not achieved.
- Among **White** males, prostate cancer death rates significantly declined from 15.4 per 100,000 in 1990 to 11.8 per 100,000 in 1998, and were significantly higher for all other race/ethnic groups except Blacks/African Americans. The 1998 death rate for White males approached the targeted rate reduction of 10.3 per 100,000 males, but did not achieve this target.
- For **Hispanic/Latino** males, there was no significant trend in prostate cancer death rates between 1990 and 1998. Rates ranged from a high of 10.6 per 100,000 males in 1991 to a low of 8.0 per 100,000 in 1997, and have remained below the targeted rate of 10.3 per 100,000 since 1992.
- **Asian/Pacific Islander** males experienced a significant decline in prostate cancer death rates from 6.9 per 100,000 in 1990 to 4.5 per 100,000 in 1998. These rates remain well below the targeted reduction to a rate of 10.3 per 100,000 males.
- The prostate cancer death rates among **American Indian/Alaska Native** males were unreliable due to the small number of deaths occurring each year (fewer than 20), and conclusions cannot be drawn from these data.

For more information on prostate cancer, visit the California Cancer Research Program Web site at:

<http://www.crponline.org/>

and

www.ccrca.org

FIGURE 7
HIV/AIDS Death Rates by Race/Ethnicity
California, 1990–1998

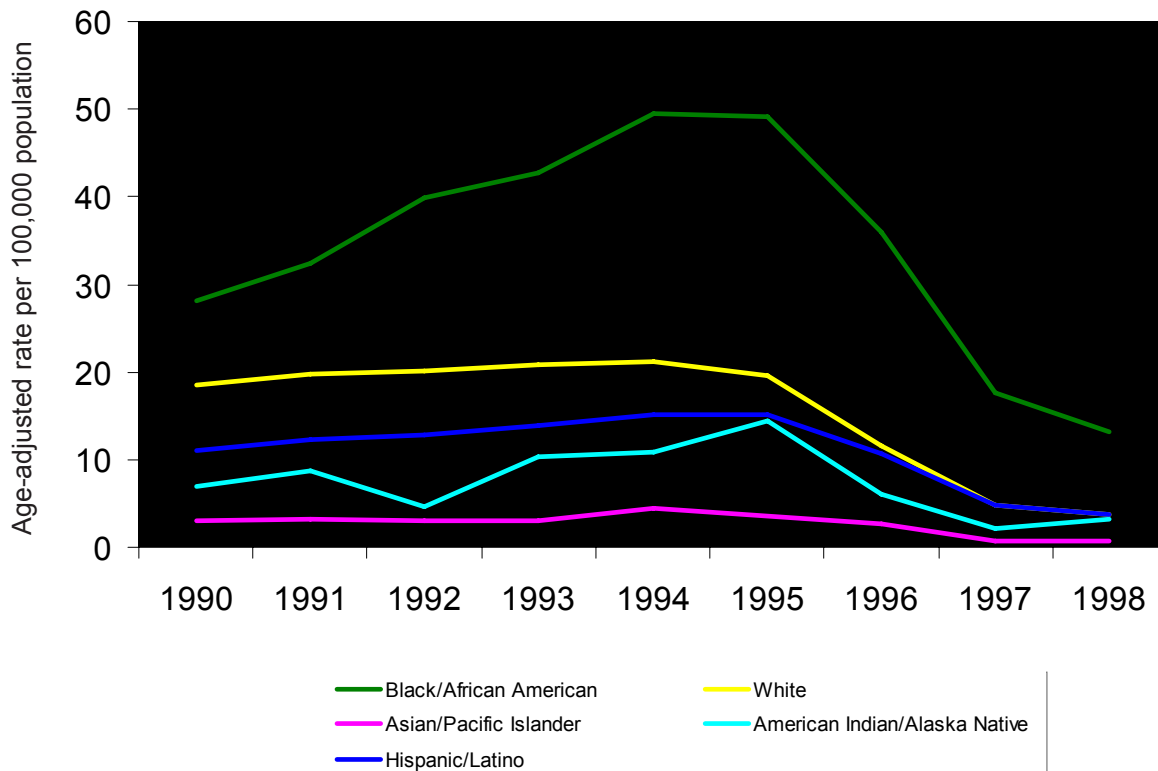


TABLE 7
HIV/AIDS Death Rates by Race/Ethnicity
California, 1990–1998

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998
Black/African American	28.2	32.4	39.8	42.7	49.5	49.1	35.9	17.6	13.1
White	18.6	19.7	20.2	20.9	21.2	19.5	11.6	4.8	3.7
Hispanic/Latino	11.0	12.3	12.8	13.8	15.2	15.2	10.7	4.8	3.7
American Indian/Alaska Native	* 7.0	* 8.8	* 4.6	10.3	10.8	14.5	* 6.0	* 2.2	* 3.2
Asian/Pacific Islander	3.0	3.2	3.0	3.1	4.5	3.6	2.7	0.8	0.8

Sources: California Department of Health Services, Center for Health Statistics, Death Records 1990–1998; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are age-adjusted by the direct method using the 1940 U.S. population standard; ICD-9 codes 042–044. *Indicates rate is unreliable due to small number of events (<20).

HIV/AIDS (Figure 7, Table 7)

- Age-adjusted death rates for human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) among **Blacks/African Americans** significantly increased from 28.2 per 100,000 in 1990 to 49.5 per 100,000 in 1994, then significantly declined to a level of 13.1 per 100,000 by 1998. During the period 1990–1998, these death rates were significantly higher than those for all other race/ethnic groups. The 1998 death rate for Blacks/African Americans was 3.5 times greater than the rate for Whites and for Hispanics/Latinos, and 16 times greater than the rate for Asians/Pacific Islanders.
- HIV/AIDS death rates among **Whites** significantly increased from 18.6 per 100,000 in 1990 to 21.2 per 100,000 in 1994, then significantly declined to a level of 3.7 per 100,000 by 1998. The 1998 death rate for Whites was not significantly different than the rates for either Hispanics/Latinos or for Asians/Pacific Islanders.
- For **Hispanics/Latinos**, significant increases were also seen between 1990 and 1994–1995 before a significant decline from 15.2 per 100,000 to a level of 3.7 per 100,000 in 1998.
- HIV/AIDS death rates among **Asians/Pacific Islanders** were significantly lower than those for all other race/ethnic groups, and have significantly declined from 3.0 per 100,000 in 1990 to 0.8 per 100,000 in 1998.
- Among **American Indians/Alaska Natives**, reliable HIV/AIDS death rates were observed only for the years 1993 through 1995, and averaged 11.9 per 100,000 population during that time period.

For more information on HIV and AIDS, visit the CDHS Office of AIDS Web site at:

<http://www.dhs.ca.gov/ps/ooa/ooaindex.htm>

FIGURE 8
AIDS Incidence Rates by Race/Ethnicity
California, 1990–1999

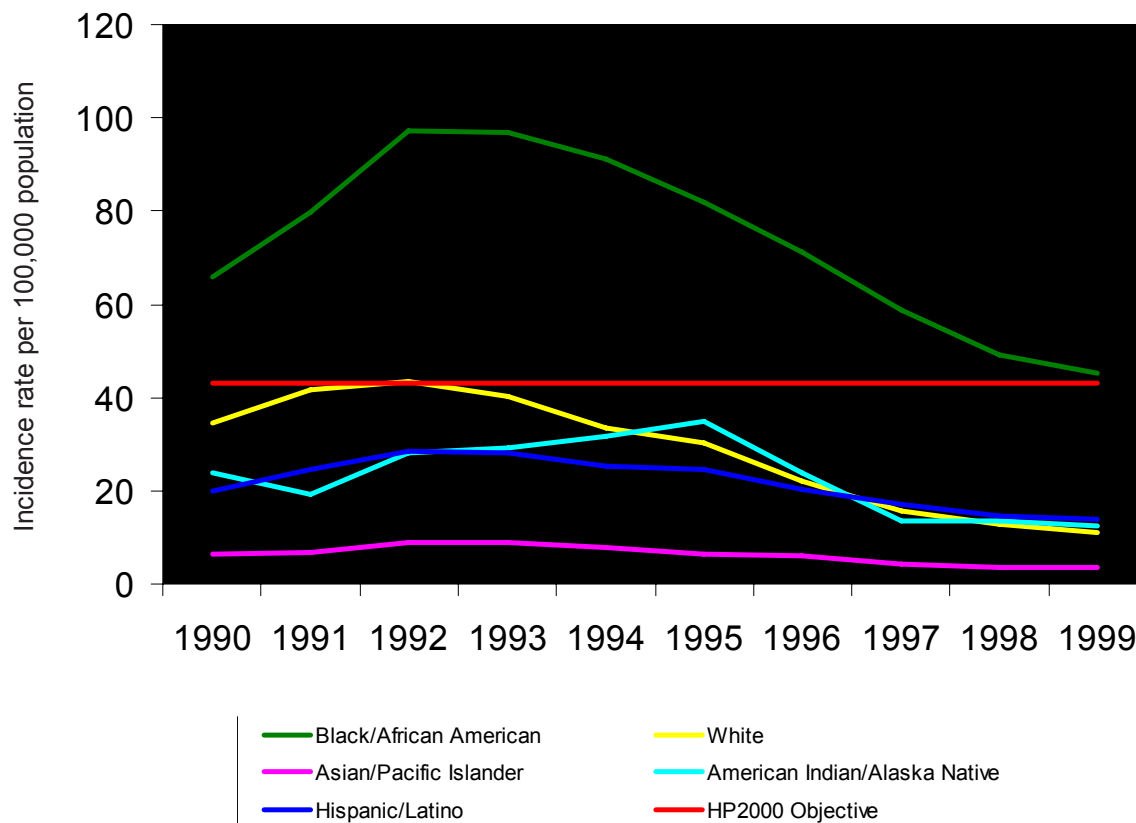


TABLE 8
Diagnosed AIDS Incidence Rates by Race/Ethnicity
California, 1990–1999

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Black/African American	66.0	79.9	97.3	96.9	91.0	81.8	71.1	58.7	49.3	45.1
Hispanic/Latino	19.8	24.5	28.4	28.2	25.3	24.6	20.4	17.0	14.6	14.0
American Indian/Alaska Native	23.8	19.2	28.3	29.2	31.7	34.8	23.8	13.7	13.5	12.3
White	34.5	41.8	43.6	40.4	33.6	30.4	22.0	15.8	12.9	11.1
Asian/Pacific Islander	6.5	6.7	9.0	8.8	8.0	6.4	5.9	4.2	3.5	3.4

Sources: California Department of Health Services, Epidemiological Studies Section, November 2002; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Rates are incidence of newly diagnosed AIDS cases per 100,000 population, not age-adjusted.

AIDS Incidence (Figure 8, Table 8)

- AIDS incidence rates among **Blacks/African Americans** significantly declined after 1992, reaching a low of 45.1 cases per 100,000 population by 1999. However, rates for Blacks/African Americans remain significantly higher than those for all other race/ethnic groups: the 1999 rate was more than three times higher than the rate for Hispanics/Latinos and for American Indians/Alaska Natives; four times higher than the rate for Whites; and more than 13 times higher than the rate for Asians/Pacific Islanders. The HP 2000 objective (43.0 per 100,000 population) was not achieved for Blacks/African Americans as of 1999.
- Incidence rates among **Hispanics/Latinos** also significantly declined after 1992, reaching a low of 14.0 per 100,000 population in 1999. The 1999 rate was not significantly higher than the rates for Whites and for American Indians/Alaska Natives, but was nearly four times higher than the rate for Asians/Pacific Islanders and three times lower than the rate for Blacks/African Americans. The HP 2000 objective (43.0 per 100,000) was achieved for Hispanics/Latinos.
- **American Indians/Alaska Natives** experienced a significant increase in AIDS incidence rates between 1990 and 1995, then a significant decline reaching a low of 12.3 cases per 100,000 population by 1999. The 1999 rate was not significantly different from the rates for Hispanics/Latinos and for Whites, but was significantly higher than the rate for Asians/Pacific Islanders and significantly lower than the rate for Blacks/African Americans. The HP 2000 objective (43.0 per 100,000) was achieved for American Indians/Alaska Natives.
- Among **Whites**, the AIDS incidence rate declined after 1992 from a high of 43.6 per 100,000 to a low of 11.1 per 100,000 in 1999. The 1999 rate was three times higher than the rate for Asians/Pacific Islanders and four times lower than the rate for Blacks/African Americans, but was not significantly different from the rates for the other race/ethnic groups. The HP 2000 objective (43.0 per 100,000) was achieved for Whites.
- AIDS incidence rates among **Asians/Pacific Islanders** declined significantly from a high of 9.0 per 100,000 in 1992 to a low of 3.4 per 100,000 in 1999. These were significantly lower than the rates for all other race/ethnic groups: the 1999 rate was more than three times lower than the rate for Whites and for American Indians/Alaska Natives; four times lower than the rate for Hispanics/Latinos; and over 13 times lower than the rate for Blacks/African Americans. The HP 2000 objective (43.0 per 100,000) was achieved for Asians/Pacific Islanders.

FIGURE 9
Infant Mortality Rates by Race/Ethnicity
California, 1990–1997

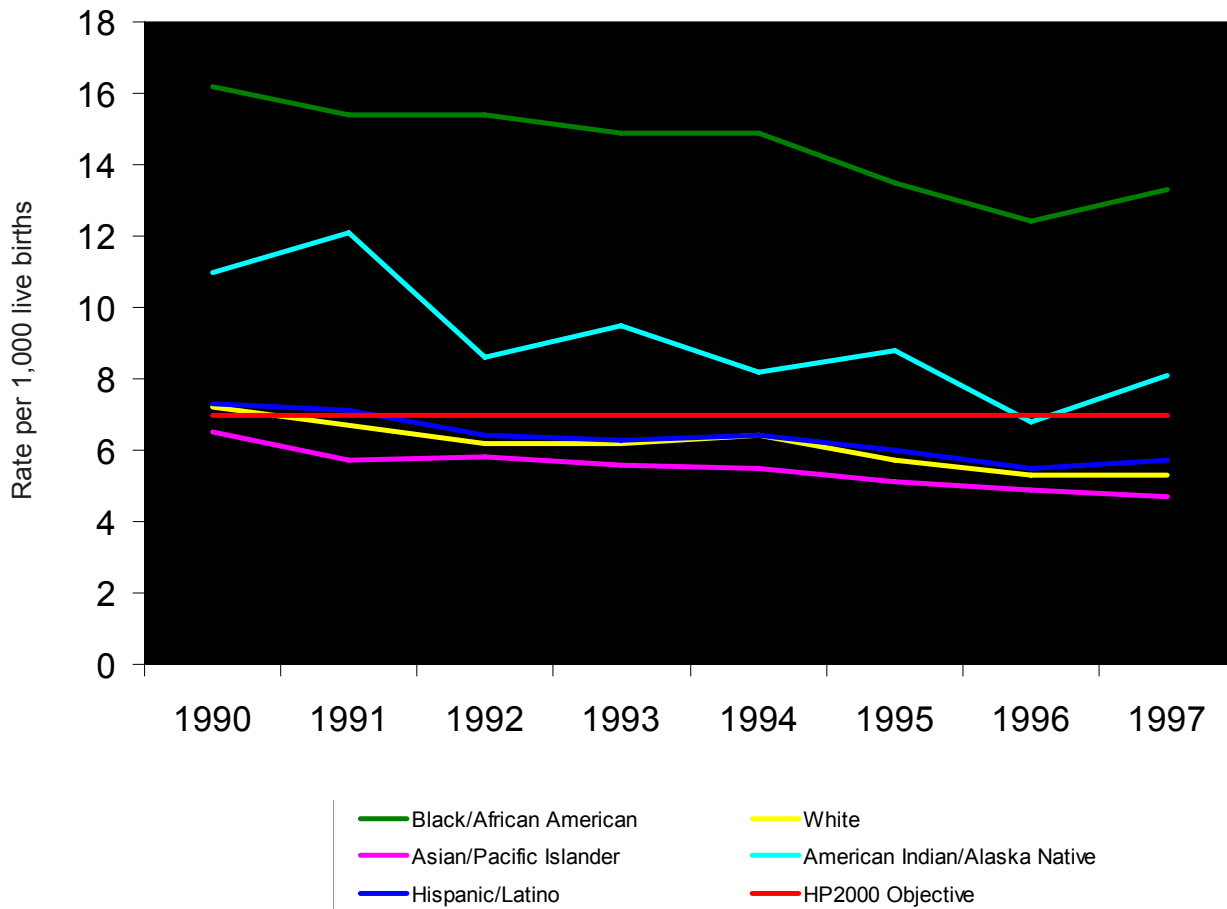


TABLE 9
Infant Mortality Rates by Race/Ethnicity
California, 1990–1997

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997
Black/African American	16.2	15.4	15.4	14.9	14.9	13.5	12.4	13.3
American Indian/Alaska Native	11.0	12.1	8.6	9.5	8.2	8.8	6.8	8.1
Hispanic/Latino	7.3	7.1	6.4	6.3	6.4	6.0	5.5	5.7
White	7.2	6.7	6.2	6.2	6.4	5.7	5.3	5.3
Asian/Pacific Islander	6.5	5.7	5.8	5.6	5.5	5.1	4.9	4.7

Sources: California Department of Health Services, Center for Health Statistics, Birth Cohort Perinatal File, 1990–1997.

Notes: Rates per 1,000 live births.

Infant Mortality (Figure 9, Table 9)

- Infant mortality rates among **Blacks/African Americans** declined significantly from 16.2 per 1,000 live births in 1990 to 13.3 per 1,000 live births in 1997, but remain significantly higher than rates for all other race/ethnic groups. In 1997, the latest year linked birth and infant death records were available, the rate for Blacks/African Americans was nearly double the rate for American Indians/Alaska Natives, and 2.5 times higher than the rates for Whites, Hispanics/Latinos, and Asians/Pacific Islanders. The HP 2000 objective for reductions in the infant mortality rate (7.0 per 1,000 live births) was not achieved.
- Infant mortality rates among **American Indians/Alaska Natives** significantly declined between 1990 and 1997, and were significantly higher than rates for all other groups except Blacks/African Americans. The 1997 rate of 8.1 per 1,000 live births was nearly 20 percent higher than the 1996 rate of 6.8 per 1,000, but has moved away from the HP 2000 target rate of 7.0 per 1,000 live births.
- For **Hispanics/Latinos**, infant mortality rates declined significantly from 7.3 per 1,000 live births in 1990 to 5.7 per 1,000 in 1997. The 1997 rate was significantly higher than the rate for Asians/Pacific Islanders, but significantly lower than the rates for Blacks/African Americans and for American Indians/Alaska Natives. The HP 2000 objective (7.0 per 1,000 live births) was achieved.
- Among **Whites**, infant mortality rates significantly declined from 7.2 per 1,000 live births in 1990 to 5.3 per 1,000 in 1997. The 1997 rate was not significantly different from the rates for Hispanics/Latinos and for Asians/Pacific Islanders, but was significantly lower than the rates for Blacks/African Americans and for American Indians/Alaska Natives. The HP 2000 objective (7.0 per 1,000 live births) was achieved.
- Infant death rates for **Asians/Pacific Islanders** significantly declined from 6.5 per 1,000 in 1990 to 4.7 per 1,000 in 1997, and remained the lowest rates among all race/ethnic groups throughout the decade. The HP 2000 objective of 7.0 per 1,000 live births was achieved.

For more information on infant mortality, visit the CDHS Maternal and Child Health Branch Web site at:

<http://www.dhs.ca.gov/pcfh/mchb/mchbindex.htm>

FIGURE 10
Hepatitis B Case Rates by Race/Ethnicity
California, 1990–1999

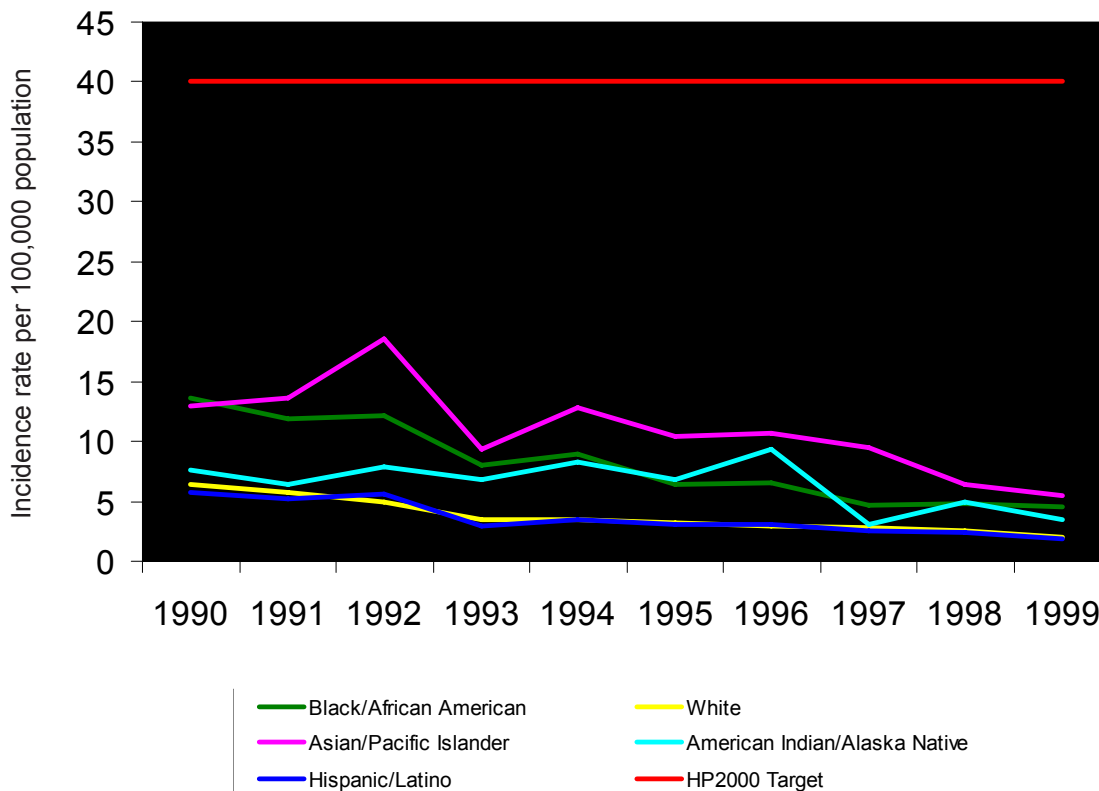


TABLE 10
Hepatitis B Case Rates by Race/Ethnicity
California, 1990–1999

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Asian/Pacific Islander	12.9	13.6	18.6	9.3	12.9	10.4	10.6	9.5	6.4	5.5
Black/African American	13.6	11.9	12.1	8.0	9.0	6.4	6.5	4.7	4.9	4.5
American Indian/Alaska Native	* 7.6	* 6.4	* 7.9	* 6.8	* 8.3	* 6.7	* 9.3	* 3.0	* 5.0	* 3.5
White	6.4	5.8	5.0	3.5	3.4	3.1	2.9	2.8	2.5	2.0
Hispanic/Latino	5.8	5.2	5.6	2.9	3.5	3.1	3.1	2.5	2.3	1.9

Sources: California Department of Health Services, Immunization Branch, Annual Disease Data Reports, 1990–1999; California Department of Finance, 1990–1996 Population Estimates by Age, Sex, and Race/Ethnic Groups, January 1998; 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups, December 1998.

Notes: Case rates are per 100,000 population; * indicates rate is unreliable due to small number of events (<20).

Immunizations—Hepatitis B (Figure 10, Table 10)

- Hepatitis B case rates per 100,000 among **Asians/Pacific Islanders** declined significantly from 12.9 in 1990 to 5.5 in 1999, and were significantly higher than rates for other race/ethnic groups throughout most of the decade. During 1999, the Asian/Pacific Islander case rate (5.5 per 100,000) was significantly higher than the rates for Whites and for Hispanics/Latinos. The HP 2000 objective of 40.0 per 100,000 was achieved.
- Among **Blacks/African Americans**, hepatitis B case rates declined significantly from 13.6 per 100,000 in 1990 to 4.5 per 100,000 in 1999. The 1999 rate was significantly higher than rates for Whites and for Hispanics/Latinos. The HP 2000 objective was achieved for this group.
- Hepatitis B case rates for **American Indians/Alaska Natives** were unreliable in each year due to the small number of events (less than 20), and conclusions could not be drawn from these data.
- **Whites** experienced a significant decline in hepatitis B case rates from 6.4 per 100,000 in 1990 to 2.0 per 100,000 in 1999, and the HP 2000 objective for this group was achieved.
- **Hispanics/Latinos** experienced significant declines in hepatitis B case rates, from 5.8 per 100,000 in 1990 to 1.9 per 100,000 in 1999. Case rates for Hispanics/Latinos were significantly lower than rates for most other race/ethnic groups throughout most of the decade, and the HP 2000 objective was achieved.

For more information on Hepatitis B, visit the CDHS Immunization Branch Web site at:

<http://www.dhs.ca.gov/ps/dcdc/izgroup/index.htm>

FIGURE 11
Pertussis Cases by Race/Ethnicity
California, 1990–1999

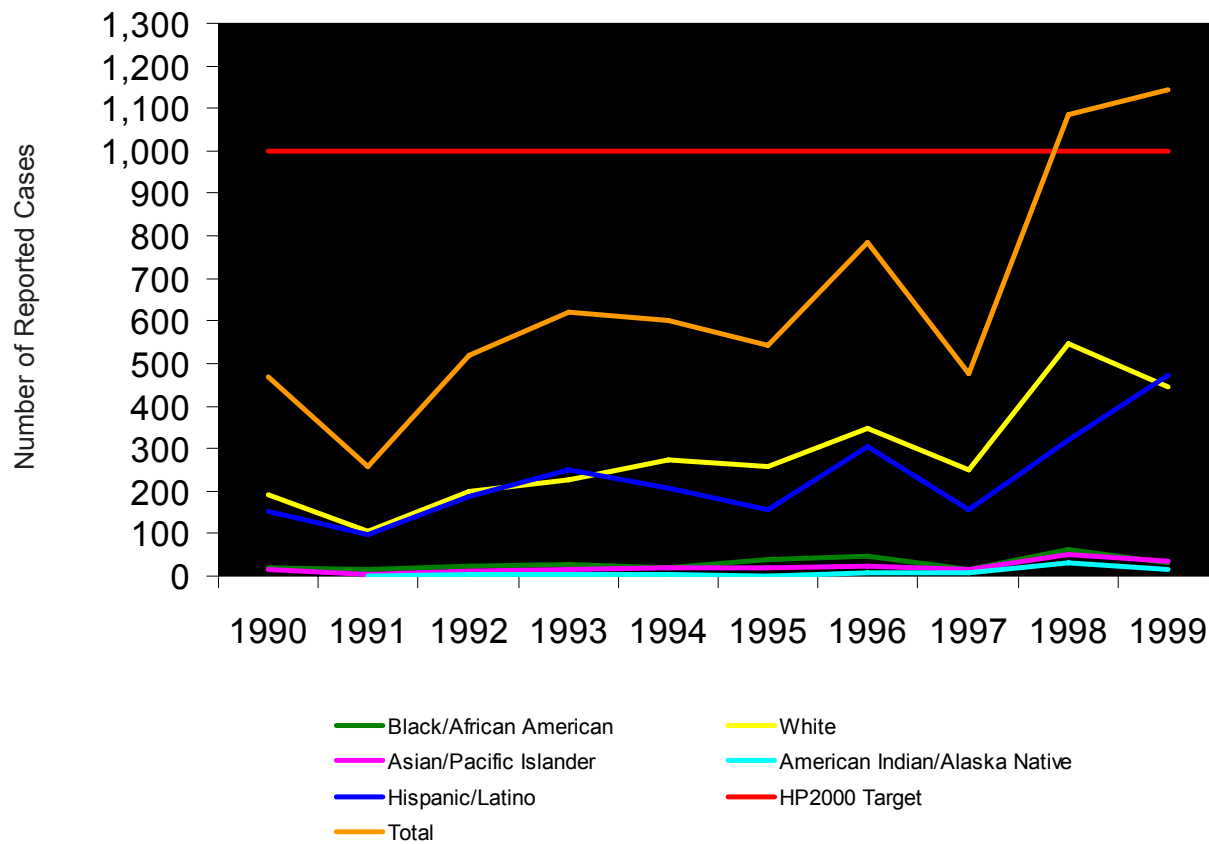


TABLE 11
Pertussis Cases by Race/Ethnicity
California, 1990–1999

RACE and ETHNICITY	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Hispanic/Latino	153	98	186	250	206	158	303	158	322	474
White	190	105	199	227	272	259	347	248	548	445
Asian/Pacific Islander	16	5	10	15	20	19	25	16	50	34
Black/African American	21	15	22	29	21	40	46	16	63	30
American Indian/Alaska Native	1	1	3	3	3	1	9	7	30	15

Source: California Department of Health Services, Immunization Branch, Annual Disease Data Reports, 1990–1999.

Immunizations-Pertussis (Figure 11, Table 11)

- The HP 2000 objective targeting reductions in pertussis (whooping cough) to a level of not more than 1,000 cases is not race/ethnicity-specific, and pertains only to the total for all race/ethnic groups combined. Although this objective was achieved in California between 1990 and 1997, the total numbers exceeded 1,000 cases in both 1998 and 1999.
- Pertussis cases among **Hispanics/Latinos** composed the greatest proportion (41.4 percent) of the total cases during 1999, compared with 32.8 percent of the total during 1990. The 1999 figure was significantly greater than the percentages for all other race/ethnic groups except Whites.
- Among **Whites**, pertussis cases composed 40.7 percent of the total in 1990 compared with 38.9 percent in 1999. Whites had proportionately more pertussis cases than Hispanics/Latinos each year except 1993 and 1999, and accounted for significantly greater percentages than all other race/ethnic groups in all but those two years.
- **Asians/Pacific Islanders** accounted for 3.4 percent of the total pertussis cases in 1990 compared with 3.0 percent in 1999.
- **Blacks/African Americans** accounted for 4.5 percent of the total in 1990 compared with 2.6 percent in 1999.
- **American Indians/Alaska Natives** accounted for 0.2 percent in 1990 compared with 1.3 percent in 1999, and had the lowest number of pertussis cases reported compared with all other race/ethnic groups throughout the decade.

For more information on Pertussis and other vaccine-preventable diseases, visit the CDHS Immunization Branch Web site at:

<http://www.dhs.ca.gov/ps/dcdc/izgroup/index.htm>

Table 12
Multicultural Health Disparities Summary by Health Condition/Disease

Indicator	Race/Ethnic Group	Trend 1990–1999	HP2000 Objective Achieved
Coronary Heart Disease Deaths	Black/African American	sig. -	No
	White	sig. -	Yes
	Asian/Pacific Islander	sig. -	Yes
	Hispanic/Latino	sig. -	Yes
	American Indian/Alaska Native	sig. +	Yes
Stroke Deaths	Black/African American	sig. -	No
	White	sig. -	No
	Asian/Pacific Islander	n.s.	No
	Hispanic/Latino	sig. -	Yes
	American Indian/Alaska Native	n.s.	Yes
Diabetes Deaths	Black/African American	sig. +	No
	White	sig. +	No
	Asian/Pacific Islander	sig. +	Yes
	Hispanic/Latino	sig. +	No
	American Indian/Alaska Native	sig. +	No
Diabetes Prevalence	Black/African American	sig. +	No
	White	sig. +	No
	Asian/Pacific Islander	sig. +	No
	Hispanic/Latino	sig. +	No
	American Indian/Alaska Native	sig. +	No
Female Breast Cancer Deaths	Black/African American	n.s.	No
	White	sig. -	Yes
	Asian/Pacific Islander	n.s.	Yes
	Hispanic/Latino	n.s.	Yes
	American Indian/Alaska Native	Unreliable	Unknown
Prostate Cancer Deaths	Black/African American	sig. -	No
	White	sig. -	No
	Asian/Pacific Islander	sig. -	Yes
	Hispanic/Latino	n.s.	Yes
	American Indian/Alaska Native	Unreliable	Unknown
HIV/AIDS Deaths	Black/African American	sig. -	N/A
	White	sig. -	N/A
	Asian/Pacific Islander	sig. -	N/A
	Hispanic/Latino	sig. -	N/A
	American Indian/Alaska Native	Unreliable	N/A
AIDS Incidence	Black/African American	sig. -	No
	White	sig. -	Yes
	Asian/Pacific Islander	sig. -	Yes
	Hispanic/Latino	sig. -	Yes
	American Indian/Alaska Native	sig. -	Yes
Infant Deaths	Black/African American	sig. -	No
	White	sig. -	Yes
	Asian/Pacific Islander	sig. -	Yes
	Hispanic/Latino	sig. -	Yes
	American Indian/Alaska Native	sig. -	No
Hepatitis B Cases	Black/African American	sig. -	Yes
	White	sig. -	Yes
	Asian/Pacific Islander	sig. -	Yes
	Hispanic/Latino	sig. -	Yes
	American Indian/Alaska Native	Unreliable	Unknown
Pertussis Cases	Black/African American	n.s.	Yes
	White	sig. +	Yes
	Asian/Pacific Islander	n.s.	Yes
	Hispanic/Latino	sig. +	Yes
	American Indian/Alaska Native	n.s.	Yes

Notes: sig + Indicates a statistically significant increase ($p < .05$).
 sig - Indicates a statistically significant decrease ($p < .05$).
 n.s. Indicates trend is not statistically significant.
 N/A Indicates HP 2000 Objective is not available.

Table 13
Multicultural Health Disparities Summary by Race/Ethnic Group

Race/Ethnic Group	Indicator	Trend 1990–1999	HP2000 Objective Achieved
Black/African American	Coronary Heart Disease Deaths	sig. -	No
	Stroke Deaths	sig. -	No
	Diabetes Deaths	sig. +	No
	Diabetes Prevalence	sig. +	No
	Female Breast Cancer Deaths	n.s.	No
	Prostate Cancer Deaths	sig. -	No
	HIV/AIDS Deaths	sig. -	N/A
	AIDS Incidence	sig. -	No
	Infant Deaths	sig. -	No
	Hepatitis B Cases	sig. -	Yes
	Pertussis Cases	n.s.	Yes
White	Coronary Heart Disease Deaths	sig. -	Yes
	Stroke Deaths	sig. -	No
	Diabetes Deaths	sig. +	No
	Diabetes Prevalence	sig. +	No
	Female Breast Cancer Deaths	sig. -	Yes
	Prostate Cancer Deaths	sig. -	No
	HIV/AIDS Deaths	sig. -	N/A
	AIDS Incidence	sig. -	Yes
	Infant Deaths	sig. -	Yes
	Hepatitis B Cases	sig. -	Yes
	Pertussis Cases	sig. +	Yes
Asian/Pacific Islander	Coronary Heart Disease Deaths	sig. -	Yes
	Stroke Deaths	n.s.	No
	Diabetes Deaths	sig. +	Yes
	Diabetes Prevalence	sig. +	No
	Female Breast Cancer Deaths	n.s.	Yes
	Prostate Cancer Deaths	sig. -	Yes
	HIV/AIDS Deaths	sig. -	N/A
	AIDS Incidence	sig. -	Yes
	Infant Deaths	sig. -	Yes
	Hepatitis B Cases	sig. -	Yes
	Pertussis Cases	n.s.	Yes
Hispanic/Latino	Coronary Heart Disease Deaths	sig. -	Yes
	Stroke Deaths	sig. -	Yes
	Diabetes Deaths	sig. +	No
	Diabetes Prevalence	sig. +	No
	Female Breast Cancer Deaths	n.s.	Yes
	Prostate Cancer Deaths	n.s.	Yes
	HIV/AIDS Deaths	sig. -	N/A
	AIDS Incidence	sig. -	Yes
	Infant Deaths	sig. -	Yes
	Hepatitis B Cases	sig. -	Yes
	Pertussis Cases	sig. +	Yes
American Indian/Alaska Native	Coronary Heart Disease Deaths	sig. +	Yes
	Stroke Deaths	n.s.	Yes
	Diabetes Deaths	sig. +	No
	Diabetes Prevalence	sig. +	No
	Female Breast Cancer Deaths	Unreliable	Unknown
	Prostate Cancer Deaths	Unreliable	Unknown
	HIV/AIDS Deaths	Unreliable	N/A
	AIDS Incidence	sig. -	Yes
	Infant Deaths	sig. -	No
	Hepatitis B Cases	Unreliable	Unknown
	Pertussis Cases	n.s.	Yes

Notes: sig. + Indicates a statistically significant increase ($p < .05$).
 sig. - Indicates a statistically significant decrease ($p < .05$).
 n.s. Indicates trend is not statistically significant.
 N/A Indicates HP 2000 Objective is not available.

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This report was prepared by the Department of Health Services, Center for Health Statistics, Office of Health Information and Research, in collaboration with the DHS Office of Multicultural Health.

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